Central West
LOCAL HEALTH INTEGRATION NETWORK

It's about you and your health!

Integrated Health Service Plan

October 2006

Ontario

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Acknowledgement

Board members and staff of the Central West LHIN acknowledge and thank the many members of the public, health service providers, volunteers, and client and family groups, who participated in the development of our first Integrated Health Services Plan.

1 Provincial Context

This section provides a brief introduction to Local Health Integration Networks (LHINs) and the Integrated Health Service Plan (IHSP). It describes the provincial vision and priorities that provide direction for the LHIN's work.

1.1 What are LHINs?

The Central West Local Health Integration Network (LHIN) is a not for profit organization mandated to plan, integrate and fund local health services within its geographic area. It is an important part of the government's plan to build a stronger health system.

The health care system has not always been easy to figure out. The Central West LHIN will change that, breaking down the barriers facing individuals that need health services and ensuring that decisions are made in their interests.

The Central West LHIN was founded on the principle that local health care is best planned and funded in a coordinated way locally, because local people best know their own health service needs and priorities.

The Central West LHIN presents a new and unique opportunity for the public to be a partner in defining issues, establishing priorities, and developing action plans to improve local health services.

The Local Health System Integration Act, passed in March 2006, gives the Central West LHIN the power to plan, coordinate and fund health care providers (Community Care Access Centres, community health centres, community mental health and addiction services, community support services, hospitals, and long-term care homes).

The Act sets out requirements for the Central West LHIN. It requires an accountability agreement with the Minister of Health and Long-Term Care. The Act gives the LHIN the authority to integrate local health services and programs. The Central West LHIN will not make integration decisions in isolation. The priorities and direction of the Central West LHIN are, and will be, based on what it hears from the public and health service providers. The LHIN will work with health service providers to identify ways to work together to reduce inefficiencies and improve health services.

"Right now, health care services in Ontario are fragmented and many health care providers work, plan and deliver care in isolation."

"Patients want better access to the right care, at the right time, in the right place."

"Patients and their loved ones are forced to make their own way through a very complex health system as they move from one health service provider to another."

1.2 What is an IHSP?

The Central West Local Health Integration Network is required to prepare an Integrated Health Service Plan.

The IHSP sets out local priorities and strategies for the three year period starting April 2007. This IHSP outlines where the Central West LHIN will be focusing its attention and lays out the reasons why the Central West LHIN is taking action in these areas.

"A plan is defined as a map, as preparation, as an arrangement. Planning defines where one wants to go, how to get there and the timetable for the journey. Planning can also identify the journey's milestones. Complete planning sets out indicators for tracking progress and ways to measure if the trip was worth the investment."

The Planning Process. The Health Planner's Toolkit. Health System Intelligence Project – 2006. Ministry of Health and Long-Term Care.

The IHSP is based on what we heard from the public and from health service providers. This information was supplemented with data and analysis.

The IHSP identifies local priorities, addresses a number of focus areas identified by the Ministry of Health and Long-Term Care (ministry), and includes what the Central West LHIN will do to support the province's strategic directions.

Since this is the first IHSP, it reflects the evolutionary status of the Central West LHIN and its early focus on understanding local communities, by listening to those who have participated in our community engagement activities, establishing and building relationships, taking stock of the current state of health services, and identifying existing resources. The first IHSP provides a solid foundation on which future Central West LHIN plans will be built.

The IHSP should not be seen as limiting current initiatives being taken by health service providers to enhance integration, increase capacity, and improve access. The LHIN will be a valuable resource to assist in facilitating this work.

1.3 Provincial Strategic Directions

The LHINs are required to interpret and incorporate the ministry's strategic directions in the development of the IHSP. This has been guided by the ministry's Vision Statement:

A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.

The province is in the process of developing a ten-year Health System Strategic Plan to be ready in 2007. In June 2006, the Central West LHIN was provided with the ministry's draft Strategic Directions for the healthcare system, which were used in the development of the initial IHSP.

The draft Strategic Directions focus on the following five areas:

Renewed Community Engagement and Partnership	• Community awareness and engagement are core elements/ processes in local health system planning • Partnerships with other participants in the local health care system including public health and primary care groups • Active participation in local community planning processes
Health Status	• Improved health of all Ontarians, especially groups with the poorest health status • Enhanced uptake of provincial disease screening programs
Access and Equity	• Reduced wait times for key services • Reduced barriers to access • More effective health human resource planning and management • Appropriate supports to enable Ontarians to age in the most appropriate place
Quality	• The consumer is at the centre of the planning and co-ordination of health services and chronic disease management • Improved safety and effectiveness of health services • Improved integration and coordination of health services and facilities related to prevention, promotion, diagnosis, treatment, rehabilitation, and palliative care that is based on the population's need • Leadership and participation in continuous quality improvement of the health system
Sustainability	• Equitable allocation of health resources according to the health needs of the population including disease management • Optimized use of available resources to deliver health care • Planning and decision making is based on evidence, analysis of need and value of investment • Efficient service delivery • Increased use of appropriate care settings • The local health system is moving toward an electronic health information system • Financial stability

2 Central West LHIN Local Vision

This section introduces key local issues in the context of the vision, principles and values of the Central West LHIN, what we heard from the community, and describes alignment with ministry directions. The vision reflects the essence of the Central West LHIN, provides a common, coherent strategic direction, and answers the question, what impact do we want to have on our community? The principles help guide our thinking, strategies and decision-making. Values serve as guidelines for our conduct and behaviour as we work towards our vision.

Vision

The Central West LHIN will work to create "a local health system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren."

2.1 Our Vision, Principles, and Values

The local health system will be built on the following five principles:

Principles

- ***Equitable access*** *based on patient / client need*
- *Preservation of* ***patients'/ clients' choice***
- ***People-centred, community-focused*** *care that responds to local population health needs*
- ***Measurable, results-driven outcomes*** *based on strategic policy formulation, business planning, and information management*
- ***Shared accountability*** *between providers, government, community and citizens.*

We will conduct our activities, and expect to be evaluated, based on the following value set:

Values

- ***Person-centred****: We advance the public good with purpose and passion while honouring democratic values. We work with individuals and the community in pursuit of optimum health status. We are deeply committed to meeting the health care needs of our community and we constantly focus on client satisfaction.*
- ***Transparency****: A commitment to the highest possible ethical standards, and open and timely sharing of information.*
- ***Integrity****: In all of our activities, we will foster trust by being truthful, empathetic and consistent.*
- ***Stewardship****: In managing all resources to which we have been entrusted, we will seek ways to ensure appropriate use of resources, and act responsibly, taking actions that align with our vision, values and strategic directions.*

2.2 Key Issues That Give Rise to the Vision and Local Directions

The Central West LHIN believes that the credibility and durability of the Integrated Health Services Plan depends on community input. The LHIN listened to members of the public and health service providers to ensure that it understands current circumstances and the needs and priorities of the community.

Facilitated conversations with the public and health service providers, a poll of 602 households, a survey of health service organizations, and the analysis of socio-demographic and health services utilization data, provide the foundation for crafting the initial Integrated Health Services Plan. This IHSP reflects the unique features of the Central West LHIN.

The overriding issue highlighted by the public and health service organizations as most pressing for the Central West LHIN's attention is the need to improve access to health services. In many cases, the lack of local access, or the inequity of access, for residents of the LHIN is the symptom of local under-capacity.

There is urgency in the need to address the lack of local community and hospital-based services in the Central West LHIN. From the rural areas in the north to the urban centres in the south of the LHIN, Board members and staff heard repeatedly, from both the public and health service providers, that the LHIN will be expected to lead the process and to influence the government to match the provision of health services to the population's growing needs.

Capacity has been a long-standing concern for the communities that now make up the Central West LHIN. Concerns about capacity are reinforced by expenditure data showing that, relative to other parts of the province, health service providers in the Central West LHIN receive the lowest level of per capita funding for health services. Annual funding to health service providers compounds historical resource deficits, while population growth continues at one of the highest rates in the province.

Access

Consistent with the strategic directions provided by the ministry, over the next three years, the Central West LHIN, in collaboration with the public and health service providers, will lead strategic integration initiatives intended to improve access for local residents.

Many residents of the Central West LHIN access health services outside the LHIN's boundaries. Many who spoke to the LHIN were concerned about being able to continue to access these services in the new LHIN environment. The Central West LHIN will work closely with neighbouring LHINs, and provincial and regional organizations, to ensure that local residents have equitable access to required services, including specialized and regional programs, regardless of their location. Since few specialized and

regional programs are located within the Central West LHIN, opportunities for developing these services within the LHIN, and extending services from existing programs outside the LHIN through satellites programs, will be explored.

Capacity

Over 42% of Central West LHIN residents receive hospital services outside the LHIN's boundaries. Both the public and health service providers suggest many residents also leave the Central West LHIN for non-hospital based services. Services are not distributed evenly throughout the LHIN, with some areas having greater deficiencies than others.

The opening of the new 608-bed Brampton Civic Hospital site of the William Osler Health Centre presents an opportunity to help address issues of historical under-capacity in the Central West LHIN. This opening should mark, not only an increase in the size of the hospital, but a change in the role the hospital serves in the region. For example, the potential to develop specialized (tertiary) and regional programs and services locally, and provide access closer to home for residents of the LHIN needs to be addressed. The Central West LHIN will work with the two hospitals in the LHIN and with community-based health service providers to assist in defining the scope and content of the hospitals' development to improve local service capacity.

The restructuring of the local Community Care Access Centre presents a chance to ensure funding is appropriate and adequate to serve the local residents and that there is input and clarity on the breadth of services that will be provided through the Central West CCAC.

The Central West LHIN will encourage improving the availability of strong and comprehensive community-based health services as the preferred strategy to promote better health and prevent illness. Community-based health services provide care to residents where they need it most, close to home, and current levels of service access must be enhanced to provide alternatives to institutional care.

The Central West LHIN acknowledges the new funding and service enhancements coming into the community that have the potential to relieve some system pressures and improve access. However, there is significant work ahead in addressing capacity pressures, and in ensuring the best use of current and new resources.

Creation of the Central West LHIN Identity

The Central West LHIN's boundaries do not reflect any previous configuration. The public and health service providers are not familiar with the "catchment" area, the diverse demographics, or the range of health services across the LHIN. The new boundaries put together providers that historically have not worked together. They cross regional and municipal borders. There is no clear "Central West identity".

The Central West LHIN continues to inform and educate the public and health service providers about its role and its activities, and to engage them in the LHIN's work. More work is required to improve upon initial community engagement efforts and to develop new and innovative methods of connecting to and engaging the public.

The Central West LHIN has the opportunity, and the challenge, to facilitate new relationships and knowledge sharing among health service organizations. The Central West LHIN has begun the process of buildng the foundation for ongoing engagement, bringing a "system" perspective to planning, managing, and funding of health services, and developing new local Central West LHIN partnerships focused on local priorities. Bringing members of the public and health service organizations together to address issues and plan health services will help cultivate the sense of a local identity.

We also heard

During community engagement sessions, the public and health service providers identified a number of issues. These included:

- The need for a better flow of health information across service providers
- The need for more health care professionals
- The need for health service organizations to work together
- The need for easy transfer across the various sectors of the health system
- The lack of specialized regional services in the LHIN, such as tertiary cancer and cardiac services
- The frequent use of services outside of the LHIN and assurances that Central West LHIN residents will continue to have access to services outside the LHIN
- The need for increased levels of community-based and hospital services
- The uneven distribution of services in the LHIN
- The lack of transportation across the region
- The need to incorporate health promotion and prevention strategies in all LHIN activities
- Concerns about wait times in Emergency Departments
- The need for improved coordination of cross-municipal services, e.g. ambulance services
- The need for improved services to the physically disabled
- The need for improved services for the developmentally delayed
- The need to address cultural diversity in all sectors
- The need for more "youth" services
- Improvements or access to health coverage for recent immigrants
- The importance of sharing best practices
- The need to deal with the whole individual.

The initial IHSP incorporates comments on many of these issues. However, the initial IHSP emphasizes three particular issues that were recurring themes and have a significant influence on the current and future state of local integrated health services – enhanced integration, increased capacity, and improved access.

3 Environmental Scan

This section includes three elements that lay the groundwork for identifying local health system priorities:

- *Description of the Central West LHIN – the geography, the people and the health services*
- *Identification of current and future health needs based on demographics and health status of the population*
- *Assessment of how well the current health system is meeting the population's health needs.*

This information in this section is a summary of a more detailed environmental scan contained in Appendix A (Socio-demographic Analysis), Appendix B (Service Utilization Analysis) and Appendix C (Health Human Resources Analysis).

3.1 Description of the Central West LHIN - The Geography

The Central West LHIN includes all of Dufferin County, the northern portion of Peel Region, parts of north-western Toronto, and south-west York Region.

The geography of the LHIN is quite varied and consists of urban, suburban and rural communities. This has implications for planning accessible health care services, including transportation supports. Since the communities that make up the LHIN are so different, it is important for planning to "dig deeper" than the LHIN-level and examine "sub-LHIN" areas.

3.2 Description of the Central West LHIN - The People

Community	Population (2001)	Area (Sq Km)	Population Density (Population / Sq Km)
Dufferin County	51,013	1,481	34.4
Brampton	325,428	267	1,221.0
Caledon	50,595	687	73.6
Malton	41,073	21	1,955.9
Rexdale	131,680	96	1,371.7
Woodbridge	26,741	56	477.5
Central West LHIN	**626,530**	**2,612**	**239.8**
Ontario	***11,410,046***	***907,656***	***12.6***

Source: 2001 Census Canada

Demographic Profile

Based on 2001 Census data, the Central West LHIN represents 5.8% of Ontario's population. Current estimates are that the population exceeds 720,000.

More than half of the entire population resides in the City of Brampton, with other densely populated areas in Rexdale (Toronto), Malton (Mississauga), Orangeville, and Woodbridge. Parts of Dufferin County and Caledon are rural and have low population densities.

Broad Age Groups	2001 Population	2016 Population	% Increased
00-19	186,125	240,263	29.1%
20-44	268,690	353,292	31.5%
45-64	142,845	243,244	70.3%
65+	56,207	107,135	90.6%
Central West LHIN	**653,868**	**943,935**	**44.4%**
Ontario	***11,410,046***	***14,270,510***	***25.1%***

Source: 2001 Census Canada

The Central West LHIN population is younger than that of the province. The median age of the Central West LHIN is 35.3 years, lowest among the LHINs.

The Central West LHIN population is expected to reach 943,935 by 2016, an increase of 4.4% or 290,000 people (equivalent to the current populations of Dufferin County, Caledon, Malton, Rexdale and Woodbridge combined).[1]

[1] The total population shown is slightly different in the two tables above because sometimes not all questions on the Census are answered by everyone (i.e. some people may not have indicated their community of residence or their age).

The annual growth rate for the Central West LHIN is approximately 2.07%, which is significantly greater than the provincial rate of 1.18%. The Central West LHIN will experience growth across all age groups but the growth rate varies. The population of seniors (65 years of age and over) is expected to grow by 90.6% (or over 50,000) between 2001 and 2016. This is the highest among the 14 LHINs and significantly more than the provincial average.

The Central West LHIN has rich cultural diversity. There is a substantial immigrant population and about 40% of the population is visible minorities, the highest proportion in the province. There is a tremendous amount of variability across the LHIN, with some areas, particularly in the southern part of the LHIN, experiencing significantly more immigration than the north.

Ministry-provided data indicates 1.3% of the LHIN population is francophone, claiming French as their mother tongue. It showed 0.4% of the population reporting an Aboriginal identity.

Such a broad and rich level of ethno-cultural diversity will need to be mirrored in the supporting structures that provide health services for these communities.

Health Status

The Central West LHIN is home to a relatively young and healthy population. Comparatively, the LHIN's population has a lower prevalence of many chronic conditions including arthritis / rheumatism, high blood pressure, asthma, diabetes and heart disease. LHIN residents are hospitalized at a lower rate than the provincial average for most conditions.

The residents of the Central West LHIN are doing their part to stay healthy by practicing healthy lifestyle behaviours. The self-reported levels of daily smoking, heavy drinking, life stress, and consumption of fruits / vegetables in the LHIN are similar to provincial averages.

The residents of the Central West LHIN are doing their part to stay healthy by practicing healthy lifestyle behaviours.

Two areas that need to be monitored are the low level of physical activity (lowest among all LHINs) and the childhood obesity levels. While the proportion of adults who are considered overweight or obese is slightly below the provincial average, the proportion of children (under age 18) who are considered overweight or obese is slightly above. Given the relationship between lack of exercise and obesity and chronic illness, these are important markers of the current and future health of the population.

There is room for improvement in the use of disease screening programs and preventive care. The Central West LHIN ranked last among LHINs for mammograms and flu shots. This points to the need for more public health education, focused on communicating appropriately with the diverse population.

What people think of their own health can reflect aspects of health that are not captured in other measures. Sixty percent (60%) of Central West LHIN residents rated their overall health as "excellent" or "very good", similar to the Ontario average of 61%. Seventy-one percent (71%) rated their mental health as "excellent" or "very good", again similar to the Ontario average of 73%.

The birth rate in the Central West LHIN is much higher than the birth rate for any other LHIN. The hospitalization rate for maternal conditions is the highest in the province. Low birth weight is an important determinant of infant health and potential for survival. In the Central West LHIN 6.2% of infants born in 1999-2001 were of low birth weight – the highest rate in the province.

The Central West LHIN understands that the population's health is determined by many factors outside of health services. These include a broad array of social and individual conditions, including, but not limited to, education, employment and work conditions, the environment, housing, and income and income security. Recognizing the social determinants of health, the Central West LHIN will connect o human and social services agencies in its planning initiatives.

3.3 The Current Health System – Availability and Use of Health Services

Availability of Health Services

This section examines the availability of health services in the Central West LHIN terms of the number of health service organizations, the level of funding for health service organizations and the number of health care professionals.

Health Service Provider Organizations to be funded by Central West LHIN (2005/06)

Sector	Number of Organizations
Community Care Access Centre	1
Community Health Centre	1
Community Support Services	13
Hospitals	2 (4 sites)
Long-Term Care Homes	22
Mental Health and Addictions Programs	9
Total	**49**

Health Service Providers

When LHINs were established, ministry-funded health service provider organizations in the province were assigned to one of the 14 LHINs, based on the location of their home address. The Central West LHIN has 49 health service provider organizations, the fewest among the 14 LHINs.

Almost half of these organizations have their main office in Brampton. Other highly populated communities (e.g., Malton, Woodbridge) have few, if any, health service providers based in the community. There are also many health service providers outside the boundaries of the LHIN that provide health services to the residents of the Central West LHIN and they are being included in local planning activities.

Level of Funding

An aspect of describing the availability of health services in the Central West LHIN is to examine the amount of "per capita spending" in each health sector. Per capita spending is the dollars spent on health services for each resident. It is a useful indicator of the level of resources in a community because it allows for easy comparison with other communities.

Sector	Per Capita Spending for the Central West LHIN	Ranking Compared to Other LHINs (1 = LHIN with most funding; 14 = LHIN with least funding)	Range of Per Capita Spending Across the 14 LHINs
Acquired Brain Injury Services	$0	14	$0 - $13.47
Community Care Access Centre	$110.83	11	$52.87 - $216.03
Community Health Centre	$2.66	13	$0 - $47.06
Community Support Services	$4.15	14	$4.15 - $59.55
Hospitals	$385.39	14	$385.39 - $2561
Long-Term Care Homes	$152.61	13	$134.42 - $373.90
Mental Health and Addictions Programs	$22.92	14	$16.5 - $134.86
Total	$679.57	14	$679.57 - $3024.69

Per capita spending in the Central West LHIN is the lowest, or among the lowest, in the province, in every health services sector.

The population of the Central West LHIN is approximately 5.8% of the provincial population, yet the level of funding is only 3.1% of total provincial spending. Although it is recognized that the younger and healthier population of the LHIN may have different needs for health services, with a stronger focus on health promotion and prevention strategies, this low funding level is a serious concern from the perspective of equity, and is impacting on access.

Health Care Professionals

The Central West LHIN has the lowest overall physician supply per 100,000 population among the 14 LHINs and is significantly below the provincial average. The LHIN is second lowest in ranking for family physician supply, and the lowest among LHINs for specialists.

Orangeville, Shelburne and Caledon are designated as "underserviced" areas for family physicians. Only 61.3% of Central West LHIN residents saw a family practice physician in the LHIN, the lowest proportion in the province. Only 43.4% of Central West LHIN residents saw a specialty physician within the LHIN, the province's lowest proportion.

Supply of Health Care Professionals in Central West LHIN

Type of Health Professional	Number of Health Professionals Per 100,000 Population for Central West	Number of Health Professionals Per 100,000 Population for Ontario	Ranking Compared to Other LHINs (1 = highest supply; 14 = lowest supply)
Family Physicians	45.81	84.23	13
Specialist Physicians	59.97	91.62	14
Nurses	426.37	909.31	14
Pharmacists	63.74	82.47	9
Physiotherapists	40.01	63.49	8
Occupational Therapists	18.77	38.00	10
Dieticians	14.16	24.36	8
Midwives	5.13	4.46	2

These statistics reinforce the many comments received from residents about great difficulty in finding family physicians and the lack of timely access to specialists.

Data indicates nurses per capita in the LHIN is the lowest among LHINs, and per capita supply is also below the provincial average for pharmacists, physiotherapists, occupational therapists and dietitians. There is anecdotal evidence that the level of other, non-regulated health service workers is also low in the Central West LHIN.

Utilization of Health Services

This section provides a brief summary of health services. It is important to note that at this stage in the development of the Central West LHIN, its access to local information and the amount and type of data available varies across sectors.

Community Care Access Centres (CCACs)

CCACs arrange for the provision of nursing, personal support and rehabilitation services in the home or school setting. They also provide needs assessments, case management and referral to other types of health and social services. CCACs are responsible for placing residents into long-term care homes.

The Central West LHIN is currently served by four CCACs – Peel, Etobicoke-York, Wellington-Dufferin, and York Region. The extent to which Central West LHIN residents are accessing home care services needs to be confirmed. Most frequently used home care services are nursing, occupational therapy, and in-home personal support services.

CCACs have restructured so that their boundaries are aligned with LHINs. The Central West LHIN views this as an important initiative in developing a local integrated health service system.

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Community Health Centres

The Community Health Centre (CHC) is a highly effective model of primary health care, and is of particular value to people who face access barriers. CHC teams include physicians, nurse practitioners, nurses, counselors, community workers and dietitians. CHCs can also offer a wide range of programs in addition to health services.

The Central West LHIN currently has one CHC. The Rexdale Community Health Centre, is a multi-service centre providing primary health care, community support and community development activities for women, families, youth, adults and seniors of diverse culture. Approval was recently received for a second CHC, in Bramalea, and for two satellite CHCs, in Malton and Rexdale.

Community Support Services

Community support services provide a range of programs to help people live independently in their own homes. These services include day programs, meals on wheels, friendly visiting, attendant care, and transportation. The majority of the clients that use these services are seniors and people with disabilities. Access to community support services can help to delay or avoid placement in a long-term care home or admission to a hospital.

The Central West LHIN's per capita funding for community support services is the lowest in the province. There are 13 community support service agencies in the LHIN. None are based in the Malton area, suggesting it may be even more underserviced than others in the LHIN. In 2004/05, community support agencies in Central West LHIN served 7,217 clients.

Hospital Acute Services

Acute hospital services are provided by William Osler Health Centre (sites in Brampton and Etobicoke) and Headwaters Health Care Centre (at its Orangeville site). A new 608-bed hospital site is currently under construction in Brampton. The existing hospitals have a total of 625 acute care beds. In 2004/05, there were 38,395 acute hospital separations, 88% of them from the William Osler Health Centre.

The type of care provided in Central West LHIN hospitals is significantly different from care provided in Ontario hospitals overall. There is a considerably higher proportion of primary care, and a much lower proportion of more specialized "tertiary" or "quaternary" care. This relatively low level of activity reflects the existence of few specialty or regional programs.

Only 62% of the residents of the Central West LHIN receive acute care treatment from hospitals in this LHIN. The remaining proportion is primarily spread among three LHINs (Toronto Central, Mississauga Halton, and Central). The Central West LHIN has the second lowest "localization index" in the province, indicating the high proportion of Central West LHIN residents that receive hospital services in other LHINs. Central West LHIN residents are leaving the LHIN for services in the critical areas of neurosurgery, ophthalmology, cardio/ thoracic, cancer care and neonatology.

The Central West LHIN has the second lowest "localization index" in the province, indicating the high proportion of Central West LHIN residents that receive hospital services in other LHINs.

Three important indicators of the level of performance of acute care services are wait times, alternate level of care days, and readmission rates. The Central West LHIN experience with each of these indicators is summarized below.

- *Wait Times:* Wait time is measured from when the procedure is formally booked in the hospital until it is carried out. In the Central West LHIN, median wait times have increased for Cancer Surgery, Cataract Surgery, Knee Replacements and MRI scans. For Cataract Surgery, the LHIN is ranked lowest in the province and second lowest for MRI scans. Ninety-two percent (92%) of cancer surgeries conducted in LHIN hospitals are done within the target of 84 days (12 weeks).

- *Alternative Level of Care (ALC):* ALC refers to cases where hospital patients have completed the acute care phase of their treatment but remain in acute care beds waiting for discharge or transfer elsewhere.[2] The Central West LHIN is the third lowest among the LHINs over the last three years. In part this is a result of the number of new LTC beds built over the past five years. This suggests that, relative to other LHINs, Central West LHIN hospitals are managing ALC days and moving patients on to other levels of care in a timely manner. If all of the ALC days attributed to Central West LHIN hospitals were eliminated, it would translate to access to approximately 40 to 42 more beds. Most ALC days are experienced by patients waiting for placement in a long-term care home.

[2] Canadian Institute for Health Information. DAD abstracting manual 2004-05 Edition, 10-1-10-3. Ottawa, ON; 2004

- *Readmission Rates:* A relatively high readmission rate could be due to many factors. It could be a signal that patients are being discharged prematurely or that there are not enough services in the community to manage care post-discharge. Local readmission rates, over the last three years, were lower than the provincial average for neonatal care, the same as the provincial average for acute myocardial infarction (heart attack), and higher than the province average for psychiatry.

Hospital Complex Continuing Care

Complex Continuing Care (CCC) provides continuing, medically complex and specialized services to both young and old, sometimes over extended periods of time. Such care can also include support to families who have palliative or respite care needs. There are 90 CCC beds spread across all four hospital sites. All locations are experiencing a "case mix index" (a measure of the complexity of care provided) that is relatively high in comparison to Ontario suggesting that hospitals within this LHIN are seeing patients that are relatively more complex than other LHINs. Programs are becoming more specialized in the care they provide, including more emphasis on transitional or rehabilitative care.

Hospital Emergency Services

Approximately 83% of the 196,000 visits to Emergency departments in the Central West LHIN in 2004/05 were by Central West LHIN residents. When residents of the Central West LHIN required emergency care, 72% of them went to one of the two hospitals in the Central West LHIN, but 28% went elsewhere (mainly hospitals in Mississauga and Toronto).

When patients present at hospital Emergency departments they are assessed and triaged to determine the urgency of their need for care. For the Central West LHIN, only 35% of Emergency department visits were classified at the least urgent levels – the lowest proportion among the 14 LHINs. This suggests more appropriate use of local Emergency department services than provincial rates, or that local residents have determined they do not wish to contend with the existing Emergency department pressures and are seeking services elsewhere, or are not seeking these services.

The public expressed their concerns about lengthy waits in hospital Emergency departments, and the hope that the new Brampton Civic Hospital will provide relief. The Central West LHIN will monitor Emergency department pressures and, referencing provincial initiatives, will work with local hospitals and health service providers to address concerns about Emergency department responsiveness.

Long-Term Care

Long-term care homes are designed for people who require the availability of 24-hour nursing care and supervision within a secure setting. In general, long-term care homes offer higher levels of personal care and support than those offered by either retirement homes or supportive housing. The Central West LHIN includes 3,313 long-term care beds located in 22 long-term care homes. Several new facilities built in the Central West LHIN over the past five years. The average occupancy rate is 91% with rates generally higher for the newer homes.

Mental Health and Addiction Services

There are 84 designated psychiatry beds, all located at the William Osler Health Centre – Brampton and Etobicoke sites. Headwaters Health Care Centre provides mental health services but has no inpatient beds specifically designated for this purpose. In 2004/2005, acute mental health separations represented 6.8% of all separations from Central West LHIN hospitals and 13.6% of total days, greater than the average for Ontario hospitals.

Community-based mental health and addiction services are essential to supporting clients in the community, as the preferred mode of care and treatment, and for preventing hospitalizations. Better information is needed about services and activity levels of community-based organizations in the Central West LHIN, and outside the LHIN providing services to local residents. As concerns about access were expressed, there was significant support for developing an inventory of services that are available in the Central West LHIN, and outside the LHIN that are being used by LHIN residents. The need to get a better sense of services available and designed for children and youth would be part of this task.

In 2005/06, 4,240 Central West LHIN residents used substance abuse services. Only 38% of these received services within the LHIN. The majority obtained services from agencies outside the LHIN (Toronto and Mississauga). About 400 Central West LHIN residents received services for problem gambling, with 67% obtaining services from agencies within the LHIN.

Rehabilitation

Physical rehabilitation services are provided in many settings – in the home, in the community, in long term care homes, and in hospitals. There are waiting lists for in-home and community-based rehabilitation services. This is likely due in part to the fact that the Central West LHIN has fewer physiotherapists and occupational therapists per population than the provincial average. (Waiting lists also exist for speech language pathology services.) There are 30 rehabilitation hospital beds in the Central West LHIN, all located at the Etobicoke Hospital Campus of the William Osler Health Centre.

3.4 Assessment of Population Health Needs

This section provides a description of the Central West LHIN population and the local service system. The focus of the Central West LHIN going forward will be on identifying the implications of the current state in order to lead system change to address current and future health needs of the population.

> In high growth communities such as those within the Central West LHIN, integration alone will not address all of the challenges of providing high quality, comprehensive and patient/client focused health care; adequate funding and resources must be made available to meet the need and increasing demand in high growth communities.
>
> *Central West Integration Priority Report, 2005*

The main message arising from the environmental scan is that there is insufficient health care capacity in the Central West LHIN to meet the current and future health needs of the population. This severely limits the ability of the LHIN to respond to provincial and local priorities for change including access and equity, health status, quality and sustainability. This concern must be highlighted as a starting point as the Central West LHIN moves forward with the initial local integrated health service plan.

The following table is a high level assessment of the key population health needs and service delivery issues in the Central West LHIN.

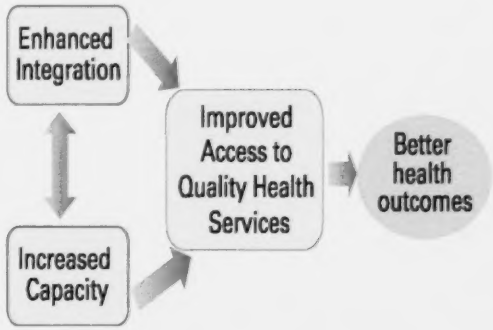
Population Health Needs	Service Delivery Issues
• Population is currently relatively young and relatively healthy (based on low prevalence of chronic conditions) • Healthy behaviours are evident • Use of formal health care services is relatively low (low hospitalization rate, low number of emergency department visits, low proportion of non-urgent emergency department visits) • <u>But</u> there is the potential for health needs to increase significantly in the future due to the following factors: - A high growth population expected to reach close to one million residents in ten years (a 44% increase from 2001 to 2016); the birth rate is the highest in the province and immigration rates are also high - An aging population with the proportion of seniors expected to increase by 54% by 2016 - Rich cultural diversity that requires diverse service delivery responses to meet diverse needs - High levels of physical inactivity - Rate of childhood obesity that is slightly higher than the provincial average - High rates of low birth weight babies and infant mortality - Low compliance with provincial disease screening programs and preventative care, particularly mammograms and flu shots.	• Health care resources are below levels in other LHINs in all sectors. The Central West LHIN has: - The fewest number of health transfer payment agencies among the 14 LHINs - The lowest level of per capita funding for health services in the province, including community support services, mental health programs, and hospitals - The lowest supply per 100,000 population of specialist physicians and nurses in the province and the second lowest supply of family physicians - Three "underserviced" communities (Orangeville, Shelburne, Caledon) in terms of family physicians - A very high percentage of residents who receive their health services outside of the LHIN (the second lowest localization in the province) - Many gaps in terms of specialized services - A local health system that most health service providers feel is doing only a "fair" or "poor" job of meeting the needs of the LHIN's diversity - Few services tailored specifically for Francophone and Aboriginal communities - Concerns expressed by the public about lack of access to local health services and the need for more health professionals • There is evidence that opportunities for efficiency have been explored (e.g. lowest level of ALC, low proportion of non-urgent Emergency department visits) and further improvements will require expanded capacity and cross-boundary linkages where local services are not available or possible.

4 LHIN Priorities for Change

This section highlights the key local issues and challenges identified through community engagement, data analysis and other planning activities. It describes the priority areas on which the LHIN will focus to integrate the local health system, including specific integration initiatives.

Three strategies have been identified that need to be addressed to improve local health services:

- **Enhanced Integration**
  Better coordinated and better linked services
- **Increased Capacity**
  Adequate level of right kinds of services and supports
- **Improved Access**
  Timelier, easier access to high quality, client-centered services



In 2004/05, providers and community members came together to describe the health system issues in the Central West LHIN and propose integration opportunities that would improve the delivery of health services. The resulting Integration Priority Report (IPR) identified the "top ten" integration opportunities.

As a starting point for the IHSP, the Central West LHIN reviewed the IPR, met with its steering committee members, and discussed IPR priorities. The LHIN developed criteria to decide on which IPR priorities would be included in the IHSP planning process. They were evaluated as to whether the priority - is client-focused, addresses a population health need, is integration focused, and whether or not it is addressed by another provincial LHIN or ministry initiative.

Three client priorities emerged out of this process.

- **Mental Health and Addiction Services**
- **Palliative / End-of-life Services**
- **Services to Seniors**

The input of the public and health service providers and analysis of demographic and health services utilization data confirmed the three client priorities above and also brought forward two additional client priorities.

- **Maternal / Child Services**
- **Rehabilitation**

Three other priorities emerged from dialogue with the public and with health service providers. They apply across the health care continuum.

- **Chronic Disease Prevention and Management**
- **Primary Care Linkages**
- **Responsiveness to Cultural Diversity**

Illustration of the relationship of the overarching strategies, client priorities, other priorities, and three of the ministry's focus areas.

The environmental scan clearly supports the need for enhanced integration, increased capacity, and improved access, across the continuum of care in the Central West LHIN. For the initial IHSP, the focus will be on the eight priority areas listed and illustrated in the diagram above.

The following sections describe the five client focus priority areas.

Maternal/Child Services

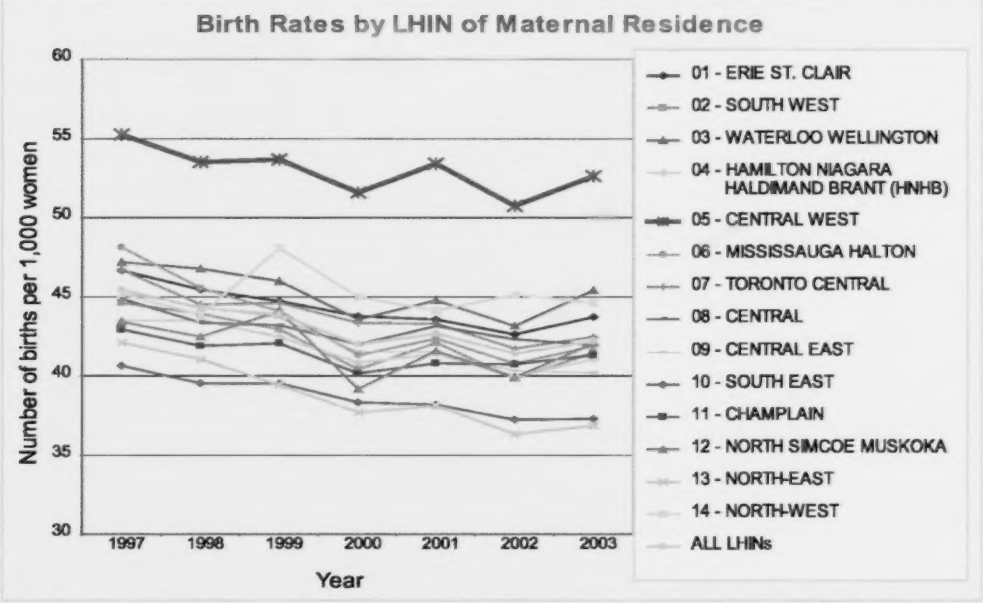
Local birth rates between 1997 and 2003 have remained the highest among the LHINs.

The Central West LHIN has a higher rate of hospitalization for maternal conditions (i.e. pregnancy and childbirth related) compared to the provincial average (22.2% to 15.4%).

In 2004/05 there were 8,532 obstetrical hospital separations in the Central West LHIN, 7,756 from William Osler Health Centre and 776 from Headwaters Health Care Centre. The communities with the highest volumes were Brampton and Rexdale which made up almost 75% of the cases.

There are concerns about the health of mothers and newborns. Health service providers identified high risk obstetrical services as a gap in local services. The proportion of low birth weight babies in the Central West LHIN is the highest in the province. Pre-term births (i.e. babies born after less than 37 weeks of pregnancy) were significantly higher than the provincial average, the second highest among the 14 LHINs. Infant mortality in the Central West LHIN was also slightly higher than the provincial average from 1999 to 2001.

Data from the Healthy Babies Healthy Children (HBHC) Program supports the need to ensure access to effective and culturally appropriate perinatal care and education. HBHC provides comprehensive assessments to ensure early identification of children who require additional support and an intensive home visiting program for high risk families. Although data is not available for all of the LHIN, Peel Region data highlights concerns about the current level of services. Only 11% of Peel families receive a postpartum home visit. The provincial standard is 75%. "At-risk" families wait 6 to 8 weeks.



HBHC has observed that access to maternal child care in Peel is decreasing. There are too few family doctors providing prenatal and postpartum care. There is pressure on labour and delivery wards in hospitals. There is reliance on walk-in clinics. Improved local information on issues such as post-partum depression is needed. Public Health is an essential partner in addressing maternal and child issues.

Based on 2004/05 data, there are 59 obstetrical beds in the Central West LHIN -- 50 at William Osler Health Centre (23 at the Etobicoke site and 27 at the Brampton site) and nine at the Headwaters Health Care Centre. William Osler is the designated regional centre for maternal and child services. Given the historically high rate of births and the significant population growth expected over the next several years, the demands on obstetrical services will continue to increase for the Central West LHIN.

There are approximately 160,000 children in the Central West LHIN under the age of 15 but there are very few health services specifically for children. Erinoak Children's Treatment Centre has service locations in Mississauga and Brampton to meet the rehabilitation needs of local children. Community Care Access Centres also provide services (mainly nursing and rehabilitation) to children both in the home and in schools. Concern has been raised about the availability of speech pathology for school age children.

There are approximately 160,000 children in the Central West LHIN under the age of 15 but there are very few health services specifically for children.

Mental Health and Addiction Services

One in five Canadians will have a mental health issue at some point. The majority are affected by mild forms of mental illness. Based on 2001 census data, the Central West LHIN's "serious" mentally ill population is estimated at 11,491 (2% of total population 15 years and older). The prevalence rate for substance abuse in people with mental health disorders is estimated at 29%. For addiction services, 4,637 people received substance abuse or problem gambling treatment or counseling in 2005/06.

Per capita spending on mental health and addiction services in the Central West LHIN is the lowest in the province. The survey of health service providers ranked access to mental health and addiction services as the second worst in the LHIN relative to other health sectors - 22% of survey respondents ranked accessibility as "poor" and 24% ranked it as "fair".

When survey respondents were asked to identify the services for which respondents most often refer residents outside of the LHIN, mental health and addiction services were among the services most frequently mentioned – 46% of respondents refer residents outside of the LHIN for mental health issues and 27% refer residents outside of the LHIN for addiction services.

Key service concerns identified by mental health and addiction service providers include:

- Limited case management poses a significant limitation to quality client response
- The shortage of psychiatry beds is a gap
- A lack of coordinated children and youth mental health and psycho-geriatric services
- A lack of resources to respond to linguistic and cultural diversity
- Insufficient knowledge of services available in the LHIN
- Lack of assurances that services outside the LHIN's boundaries can be accessed if services are not available locally.

Moving forward, mental health and addiction service providers envisioned an improved service delivery system that would have the following:

- It will acknowledge and build upon ministry policy initiatives and past planning work
- It will address child and adolescent mental health needs and psycho-geriatric needs
- Agencies will have sufficient resources to provide case management services to each client according to their level of need and the case manager role will be responsible for accessing the full range of community-based services and supports that a client might need, including services outside of the mental health and addiction sector
- The concept of "no wrong door" will serve as the corner stone of the service delivery model. This means that clients/ families would be able to contact any mental health or addiction agency and receive a common comprehensive assessment followed by access to a full array of services designed to address his/her unique needs.

Conversations with mental health consumers and with family members of mental health consumers stressed the need to reduce the stigma associated with mental illness, the need for additional local psychiatrists willing to treat the seriously mentally ill, 24 hour crisis drop-in centres, services for adolescents, supportive housing, employment assistance, transportation subsidies, and support groups for families and friends.

Palliative/End of Life Care

In July 2004, the Ministry of Health and Long-Term Care announced the provincial End-of-Life Care Strategy. The Strategy's objective is to develop a comprehensive end-of-life care strategy to:

- Shift care of the dying from acute settings to appropriate alternate settings of individual preference
- Enhance/develop a client-centred and interdisciplinary end-of-life service delivery capacity
- Improve access to, and coordination and consistency of, comprehensive end-of-life care services and supports across the province.

Providers working in agencies that provide palliative/end-of-life services and supports identified the following concerns with the current service delivery system:

- There is an uncoordinated, fragmented palliative care services sector
- Local hospital emergency departments serve as a "safety net" in the place of an available and responsive system of palliative care services; the episodic nature of care in an emergency department should not be a substitute for the more holistic approach to patient management expressed in "the square of care philosophy"[3]
- There is a lack of a case management function for patients wishing to remain in the community.

They believe an improved system would consist of:

- Equitable access for all clients regardless of where they live in the LHIN
- Multi-disciplinary palliative care teams consistent with "the square of care philosophy"
- An electronic record accessible by all members of the team in any care setting
- Clients could die at home regardless of the availability of a live-in primary care provider
- More hospices that would work closely with community-based palliative care teams
- "Do Not Resuscitate" (DNR) discussions are an integrated feature of client care planning
- More doctors trained in pain and symptom management working with palliative care teams.

[3] Fundamental to the development of a regional framework for palliative care services are two conceptual frameworks developed by the Canadian Hospice Palliative Care Association: the square of care which concentrates on the delivery of client and family care and the square of organization which focuses on the development and function of an organization. These frameworks have been adapted by local palliative care providers.

Based on the Canadian Hospice Palliative Care Model to Guide Care (CHPCA), the MOHLTC End-of-Life Care Strategy, and the presence of Provincial/Regional End-of-Life Networks, the Central West LHIN will partner with health service providers to develop a local integrated plan for end-of-life services that includes multidisciplinary palliative care teams using comprehensive care plans to determine required services and supports based on patient and family needs.

Rehabilitation Services

The public and health service providers raised the issue of access to physical rehabilitation services.

Planning for physical rehabilitation services is challenging because it is multi-faceted. They are:

- Needed by people of any age
- Provided in different settings including homes, schools, hospitals (inpatient or outpatient basis), long-term care homes, and in the community
- Provided by different health professionals
- Available through the public health system basis

What is rehabilitation?

"Rehabilitation is an important part of the recovery process for many different illnesses, injuries and surgeries that result in physical or neurological impairments. Rehabilitation addresses a wide variety of impairments and problems. For example, someone may be experiencing limited or painful movement of hands, arms, leg or other parts of the body. They may be having difficulty with physical activities like sitting up, standing or walking. Balance may be a problem. Or there could be problems with breathing, swallowing or talking. Rehabilitation is intended to help an individual recover as fully as possible and were full recovery is not possible, to function with any limitations as independently as possible."

GTA Rehab Network

The supply of rehabilitation professionals in the Central West LHIN is currently far below the provincial average.

There are 30 rehabilitation beds at the Etobicoke Hospital Campus of the William Osler Health Centre.

Number of Rehabilitation Professionals per 100,000 Population (2005)

	Physiotherapists	Occupational Therapists
Central West	40.0	18.77
Ontario	63.5	38.00
Highest LHIN	202.73	135.16

Health service providers indicated that they maintain rehabilitation waiting lists. CCACs arrange rehabilitation services for all age groups, with waiting times particularly long for children's services.

In the health service provider survey, 26% of respondents indicated that residents seeking rehabilitation services are frequently referred outside the Central West LHIN. Members of the public expressed concern about how the limit on "OHIP covered" rehabilitation services restricts their access to rehabilitation and the impact this has on their quality of life.

Rehabilitation access issues limit the ability of local health service providers to achieve the goals of the provincial wait time strategy. Hip and knee replacements are two of the five procedures that are the focus of the strategy. "Physiotherapy rehabilitation after first-time total hip or knee replacement surgery is accepted as the standard and essential treatment."[4] Without timely access to rehabilitation after surgery, reduced wait times for LHIN residents will be very difficult to achieve.

The Central West LHIN launched a rehabilitation services needs assessment to gain a clearer understanding of current physical rehabilitation services and the identified gaps in access to the appropriate types of rehabilitation services needed in the LHIN. This will be the first step in developing an integrated community and hospital based rehabilitation services plan.

Services for Seniors

Although, the Central West LHIN currently has a relatively young population, it is important that the large number of seniors and the dramatic growth in the seniors population forecast for the next ten years not be overlooked in the planning process. The 2001 Census identified 56,207 seniors in Central West. By 2016 this figure is projected to increase by 90% to 107,135. The projected seniors growth rate from 2006 to 2016 is the highest among the 14 LHINs, well above the provincial average. The proportion of seniors varies by community and ranges from 7% of the population in Brampton to over 12% of the population in Rexdale.

The capacity of the existing services to meet the growing needs of the seniors population is limited. Funding for community support services is low in this LHIN. They play a key role in supporting seniors living in their homes. Preventative, supportive, curative, rehabilitative, and long-term care services are currently isolated in silos for seniors.

The Central West LHIN heard about the needs of the aging population, of supporting choice and control, in which "Aging in Home" is viewed as preferred, and the struggle to receive the appropriate care and to maintain a decent quality of life.

Providers that work in agencies that serve seniors in the LHIN identified the following concerns:

- There is considerable variation in services and access across the LHIN
- Transition across the continuum of services was described as "poor"
- There are gaps in services and in knowledge of services available to seniors
- Transportation to services is a fundamental issue in terms of seniors ability to access services
- Discharge from institutional care occurs without adequate community care being in place
- Families lack the necessary knowledge to advocate on the seniors' behalf
- The need for mental health services for seniors
- Current budgets limit community services to what is affordable rather than to what is needed.

[4] Physiotherapy Rehabilitation After Total Knee or Hip Replacement: Health Technology Literature Review. Ontario Ministry of Health and Long-Term Care, June 2005.

Service providers put forward an improved model of services for seniors that would include:

- A shift in thinking that results in improved planning, more geriatric assessment, better access to community based services and an improved resource base for the Long-Term Care sector
- Family caregivers of clients of seniors services would have their needs assessed and addressed in the provision of services to the primary client
- Local rehabilitation services would be available to support transition back to the community
- Transition beds would be available to give the senior time to recover and return to their home
- Expanded supportive housing pool and expanded 24/7 staffing in supportive housing units
- Shared resources across institutions.

This section describes the three priorities that apply across all services in the health care continuum including the five client priorities described above.

Primary Care Linkages

Primary care can be provided in a variety of settings, including doctor's offices, walk-in clinics, community health centres (CHCs), and hospital Emergency departments. Primary care is provided by physicians, nurses, nurse practitioners, and others regulated health professionals.

Number of Family Physicians per 100,000 Population (2004)	
Central West	60.0
Ontario	86.5
Highest LHIN	264.8

The Central West LHIN has fewer family physicians to serve its population than other parts of the province. Orangeville, Caledon, and Shelburne are designated as "underserviced areas", meaning that the ministry supports the need for special strategies to recruit more physicians in these communities.

Central West LHIN residents often seek primary care outside of the LHIN. Only 61% of Central West LHIN residents saw a family practice physician in the LHIN, the lowest proportion in the province. Both the public and health service providers reported that many residents in the Central West LHIN are without a family physician and this is impacting on their timely access to services, reported pressures on the hospitals' Emergency departments, a lack of consistency of care, and little focus on prevention.

There are a number of initiatives underway to enhance primary care services in the Central West LHIN including the establishment of 24 Family Health Groups (that will serve over 400,000 people), four new "Family Health Teams", and a new CHC and CHC satellites. Strengthening primary care is a priority throughout the Central West LHIN. Linkages between primary care and other health services are important to building an effective, integrated health system.

There are also a number of creative efforts being undertaken by family physicians in the Central West LHIN trying to link their practices with community-based services. One example is the placement of CCAC case managers in family practice offices to expedite referrals to community-based services. Funding from the ministry is being sought to support innovative approaches such as this, and the Central West LHIN supports these efforts to find resources to fund efforts that are intended to improve the patient's access and flow to appropriate, community-based services.

Chronic Disease Prevention and Management

A chronic disease is an illness, functional limitation, or cognitive impairment that lasts (or is expected to last) at least one year, limits what a person can do, and requires ongoing care.[5] Chronic diseases are a major cause of disability and death and are very costly to the health system. There are many chronic diseases, including asthma, arthritis, diabetes, congestive heart failure, hypertension and osteoporosis.

Chronic Disease Prevention and Management (CDPM) is an approach that recognizes that many chronic diseases are preventable with education and behavioural/lifestyle changes. CDPM focuses heavily on health promotion and disease prevention, for at-risk individuals and for the general population. This strategy aims to reduce the future need for acute interventions and keep people independent and healthy as long as possible.

The Ministry of Health and Long-Term Care is currently developing a "CDPM Framework" to help service providers put local CDPM strategies in place.

The rate of chronic conditions among Central West LHIN residents is relatively low compared to other LHINs. However, there is the potential for the prevalence of chronic conditions to increase significantly with growth and aging of the population and an increase in demands on local health services, unless proactive strategies are put in place now. In light of the rich diversity of the LHIN, there is the need to look at the health status of specific populations and identify those groups that have, or are at higher risk for, certain chronic conditions.

The Central West LHIN is committed to working with service providers and community members to identify effective ways to implement the provincial CDPM framework at the local level. Opportunities exist across many of the priorities outlined in the IHSP for strong partnerships with Public Health departments. CDPM is an obvious area for the Central West LHIN and Public Health to work together. The current low level of chronic conditions and the LHIN's relatively young population provides an opportunity to demonstrate the effectiveness of prevention and early intervention as the population ages.

Responsiveness to Cultural Diversity

The Central West LHIN is one of the most culturally diverse regions in the province. The importance of addressing the unique needs of the

[5] Source: National Academy of Social Insurance, "Medicare in the 21st Century: Building a Better Chronic Care System," January 2003.

Central West LHIN's many diverse communities was a common theme in the community engagement process. In the survey, health care providers indicated that the local health system does only a "fair" or "poor" job in serving the diverse needs of LHIN's residents. Cultural diversity is an important factor in achieving the provincial strategic direction of "access, and equity of access".

There is a wealth of research that shows that culture, language, race and religion are important considerations in the planning and delivery of health services. The following table highlights some of the benefits of having a health system that effectively addresses cultural diversity and the risks if cultural diversity is not addressed[6].

Benefits of Recognizing Cultural Diversity	Risks of Not Recognizing Cultural Diversity
• Better access to programs and services • Better compliance with the care plan • Better decision-making by service providers including reduced risk of misdiagnosis • Better health outcomes • Better quality of life for consumers • Higher consumer satisfaction • Improved utilization of health care resources • Accountability	• Barriers to accessing programs and services • People that need care do not get it • Poor health outcomes • Lack of patient/client compliance • Misdiagnosis or missed diagnosis • Patient safety issues • Quality of life concerns • Poor consumer satisfaction • Inefficient utilization of health care resources

What is cultural responsiveness?

"Cultural responsiveness is a practice that recognizes diversity and commonality in our continuously changing community in terms of language, culture, religion, race and value systems. It ensures equity and equality of access to the individual as well as the community, in achieving health and wellness."

Peel District Health Council Cultural Responsiveness Task Force for Long-Term Care, 1995

The Central West LHIN has already begun to work closely with members of the LHIN's diverse communities and with health service providers to identify and implement strategies to engage these communities and to address their current and future health needs. Cultural diversity is a more pressing need in some communities than in others. There are opportunities for knowledge transfer from those who have extensive experience responding to our diversity to those for whom this is an emerging issue.

The Central West LHIN believes the need to improve responsiveness to diversity bridges all of the priority areas. Our diversity offers opportunities and brings perspectives that will enrich the LHIN's work to create more effective and responsive health services.

The Central West LHIN recognizes that cultural diversity is only one component of diversity. Responding to the Central West LHIN's diversity, in all its features, presents a challenge for health service providers. In time, and in implementing the IHSP, the Central West LHIN will engage the broad array of diverse populations to better understand their specific issues and priorities.

[6] Jordan, M. "Serving a Multicultural Community: Presentation to the Scarborough Community Care Access Centre – Cultural Caravan", March 21, 2002.

5 Current Activities

The purpose of this section is to provide a summary of the Central West LHIN's achievements to date and a brief overview of LHIN activities (current and planned) for 2006/07. More detailed information on planned activities related to moving forward on priority areas and integration opportunities is provided in section 6.

The Board, CEO and staff of the Central West LHIN have been busy over the past year in numerous activities that are laying a solid foundation on which to build a stronger, integrated local health system. Current and planned activities fall into four broad areas:

- Understanding the current landscape
- Addressing provincial focus areas
- Sharing the IHSP for feedback
- Building an effective and responsive organization.

"Our Board is committed to making the Central West LHIN work at the local level. We are fortunate that each member of the Board and Senior Leadership brings not only their individual skills and experience but, also a deep understanding of the community we share."

Joe McReynolds, Chair of the Central West Board of Directors

5.1 Understanding the Current Landscape

The Central West LHIN has begun building its knowledge base of the local population and of health service providers. It is combining qualitative and quantitative approaches to systematically examine the current landscape. Key activities already conducted, or underway, follow.

Building on Past Work

Working with members of the Integration Priority Report steering committee, the Central West LHIN reviewed the report's priorities and identified three priority client focus areas. The Central West LHIN acknowledges and looks to build upon past successes that are improving service integration.

Developing Frameworks for Planning

In February, 2006, the Central West LHIN established its IHSP framework, based on the content of the ministry / LHIN document "Roadmap to the Integrated Health Services Plan", and approved its Community Engagement Strategy framework laying out its community engagement goals, principles, planning assumptions, approaches, and evaluation plan.

Community Engagement

The following activities were undertaken to ensure that members of the public and health service organizations were informed about the role and activities of the Central West LHIN and had the opportunity to inform Board members and staff about local issues and priorities.

Engagement Activity	Description
"Meet and Greets"	Over 50 introductory discussions took place about local health care issues, including meetings with leaders of local health care organizations, community groups, associations, municipal representatives, business organizations, and politicians.
Public "Conversations"	Nine public engagement events were held over a period of three weeks from May 23 to June 8, 2006, in Bolton, Brampton, Caledon, Malton, Orangeville, Rexdale, Shelburne, and Woodbridge. These sessions captured the public's perception and input on local health service issues and early priorities for the Central West LHIN. A second series of ten public sessions were held in early October in the same communities at which the Central West LHIN shared the draft of the IHSP seeking feedback from the public about the issues, priorities and actions proposed by the LHIN. (see Appendix F)
Health Service Provider Survey	75 health service provider organizations participated in a survey to gather data of their perceptions of the local health "system's" strengths and challenges, focusing on access, health human resources, readiness for change, integration opportunities and early priorities for the LHIN. (see Appendix E)
Dialogue and Action Planning in Key Service Areas	Based on the Integration Priority Report, input received during community engagement sessions, and analyzing available data, the Central West LHIN facilitated a series of meetings to discuss mental health and addiction, palliative / end-of-life, and seniors services, to identify opportunities to improve access through improved integration. A review of rehabilitation and complex continuing care is underway. Planning to develop a model for local maternal and child services has begun. With representatives from the Central West LHIN, two Public Health Units, and local hospitals, CCACs, and long-term care facilities, the Central West Regional Infection Control Network has been established and has prepared an application for funding and begun to examine consistency of policies and standards. (see Appendix H)
Public Polling	A poll of 602 households in the Central West LHIN was undertaken to test and get feedback on the preliminary list of key local issues and priorities, and the public's knowledge of LHINs. (see Appendix G)
Reaching Out to the Network's Diversity	The Central West LHIN has begun to connect to the many diverse communities by working with local ethno-cultural community-based agencies to gain their perspectives and input on key local health issues. The LHIN is also meeting with staff of health service organizations that have specific mandates for connecting to the LHIN's diverse communities.
Engaging Physicians	The Central West LHIN has established a good relationship with the Central West Mississauga Halton Community Family Medicine / Public Health Network and begun to work with this network of physicians to determine respective roles on moving a variety of initiatives forward, from engaging physicians to pursuing integration opportunities. The LHIN has also held meetings with hospital physician leaders to determine their perspective on local issues and the best ways to engage physicians in the LHIN. (see Appendix I)
Hearing from the Frontline	The Central West LHIN has worked with the leadership of health service provider organizations throughout the process of developing its IHSP. It has met with individual health service providers who attended the public "conversation" sessions.

Analyzing Data

Essential to the process of determining strategic directions was a thorough review and analysis of the socio-demographic, utilization and service data that was available to the Central West LHIN.

5.2 Addressing Provincial Focus Areas

"LHINs play a central role both in interpreting provincial strategies locally, and in communicating local issues and priorities to inform province-wide initiatives."[7] The Central West LHIN has made significant progress in addressing several provincial focus areas. A description of these achievements follows.

French Language Services

Brampton is designated under the French Language Services Act and it is important that local planning address the needs of the estimated 9,400 Francophones who reside in the Central West LHIN.

The Central West LHIN participated and provided leadership in a consultation session with the GTA francophone community about the availability and accessibility of French language health services. The Central West LHIN will continue to work in cooperation with the LHINs of the GTA to determine the action required to address the issues and priorities involved in providing health services to the francophone community.

The survey of health service organizations included questions about the availability of French language services. The Central West LHIN has begun to meet with members of the local francophone community to discuss issues specific to the Central West LHIN. LHIN staff are working with the ministry's **Regional Consultant - French Language Health Services** to identify the best ways to engage this community to determine and address its issues and priorities.

The Central West LHIN has begun to meet with members of the local francophone community to discuss issues specific to the Central West LHIN.

Aboriginal Health

According to the Ministry-provided LHIN population profiles, 0.4% of Central West LHIN's population (2,900 people) reported an Aboriginal identity.

The Central West LHIN is working with provincial and GTA groups to identify members of the local Aboriginal community. It has begun meetings with representatives of Aboriginal groups so that they may have meaningful input into the LHIN planning process and addressing issues related to access and availability of health services. Planning for the local needs of Aboriginal communities will build upon work being done at the provincial level, including the development of the Aboriginal and First Nations Health Council, the provincial Aboriginal Wellness Strategy, and Aboriginal Diabetes Strategy.

[7] Roadmap to the Integrated Health Service Plan Final Draft, January 2006, Ministry of Health and Long-Term Care, Page 32.

e-Health

Central West LHIN and Mississauga Halton LHIN have combined their resources and have produced a joint e-health Strategic Plan. The plan will be aligned with provincial priorities and recognize the different priorities of each LHIN and the significant role e-health will play in enabling the LHINs to fulfill their mandate, achieve the objectives of the IHSP, and ready providers for a more robust accountability environment. (see Appendix J)

Wait Times

An important part of the Wait Time Strategy is the development of a single wait time information system for Ontario that will eventually track wait times for all surgical procedures.

The Ontario government is implementing a plan to increase access and reduce wait times for five major health services: cancer surgery, cardiac procedures, cataract surgery, hip and knee replacements, MRI and CT exams. Initiatives are in place to increase the number of procedures, invest in more efficient technology, such as MRI machines, extend hours of operations, standardize best practices to improve patient flow and efficiency, and collect and report better data on wait times, to improve decision making and increase accountability. An important part of the Wait Time Strategy is the development of a single wait time information system for Ontario that will eventually track wait times for all surgical procedures.

The Central West LHIN hosts regular meetings with local hospitals and CCACs, and has invited ministry Wait Times Strategy staff, to examine opportunities to improve efficiencies and capacities to increase local access to, and the availability of, services in the five key areas. Working with the Central West LHIN, a proposal was developed by the hospitals and CCACs to work together to improve local performance. Subsequently, Central West LHIN hospitals received approximately $1.5 million for 6,644 procedures – 50 more hip and knee joint replacements, 2,184 more MRIs, and 4,410 more CT scans.

Health Human Resources

One of the strategies that has been identified to achieve the provincial goal of access and equity is more effective health human resource planning and management. The Central West LHIN has begun to lay the groundwork for addressing health human resource planning. It has met with members of the Greater Dufferin Area Physician Search Committee and is aware of the Town of Caledon's physician recruitment initiative. Staff have analyzed data on physician availability from the Ontario Physician Human Resource Data Centre and reviewed anecdotal data on availability of health professionals in the LHIN. The LHIN will work with local partners to develop an overall health human resources plan for the LHIN with the objective of addressing improvements in local access for the local population.

As set out in the regulation to the Local Health System Integration Act, 2006, the Central West LHIN will establish a Health Professionals Advisory Committee (HPAC), which will be an advisory body of health professionals with knowledge about the local health system, the need of patients, and clinical issues. It will provide advice on health human resource planning.

Critical Care

In January, 2006 the province announced a $90-million critical care strategy aimed at improving the access, quality and system integration in the delivery of critical care services. The strategy includes critical care response teams, intensive care unit beds, health human resources, and other system initiatives (such as naming critical care leaders in each LHIN and developing coaching teams).

In January, 2006 the province announced a $90-million critical care strategy aimed at improving the access, quality and system integration in the delivery of critical care services.

The Central West LHIN Lead is working closely with the LHIN to help implement the province's plan to improve access to critical care services and develop plans on the best use of critical care resources. The local Lead is also working with the ministry staff and other Critical Care Leads to provide advice to the government on critical care issues. A local services inventory of critical care resources has been completed which has identified both the strengths and challenges of the current critical care resources in the LHIN. Critical response teams will be established. Coaching is underway. Several priorities for improvement have been identified and are being addressed.

Back Office Integration

Through its health service provider organization survey, preliminary information was gathered on potential opportunities for integration of back office (i.e. non-patient care) services. The Central West LHIN will continue to work with health service provider organizations, both within the LHIN and across LHINs to identify opportunities. LHIN staff met with Shared Services West, which is a partnership of hospitals seeking opportunities to share back office services, and received on update on developments that are bringing additional health service providers into the Shared Services West initiative. Central West LHIN staff are also aware of, and are available to assist with, the work of Metamorphosis, an organization of community support agencies working together on a number of shared initiatives.

5.3 Sharing the Draft IHSP for Feedback - Community Engagement

Ten public engagement sessions, at different locations across the LHIN, were undertaken in late September and early October to share the draft of the Central West LHIN's initial IHSP with the public and with health service providers to gather their feedback prior to finalizing and approving the IHSP for submission to the Minister.

To increase public participation, the LHIN advertised these events in local newspapers, and contacted local health service organizations, individual physicians, service clubs, cultural organizations, faith communities, municipalities, and politicians, across the LHIN.

A session was held with Board Chairs and CEOs / Executive Directors of local health service provider organizations. The Central West LHIN recognizes that many organizations outside its boundaries offer services to the residents of the LHIN. However, this single session was designed for those health service providers that will be funded by the LHIN in April 2007. Organizations outside the LHIN were informed of and invited to the other sessions.

Presentations in which feedback was sought on the draft IHSP were made to a number of other groups, including networks of health service providers, such as the Central West - Mississauga Halton Community Family Medicine and Public Health Network and Metamorphosis, at hospital medical staff meetings, family physician groups, to mental health consumer and family groups, to aboriginal representatives, to ethno-cultural groups, and to front-line staff being trained at the Halton Peel Training Committee.

The Central West LHIN believes it listened to the community and the feedback it received has improved the content of the IHSP. The Central West LHIN knows that community engagement is an ongoing process and that the Central West LHIN's initial IHSP is the beginning of an iterative plan that will have to be updated and revised to incorporate the public's on-going input, and changing circumstances.

5.4 Building an Effective and Responsive Organization

The Central West LHIN could not achieve its mandate without a strong governance and organizational structure to support its activities.

The full board is now in place and board members have participated in a number of activities to further their understanding of the people, services and issues in the Central West LHIN and to strengthen their capacity to carry out their governance role. Board members have played an active role in facilitating public engagement events.

A two day planning session for the Board was held in July as preparation for development of the IHSP. At this session Board members reviewed and discussed reports on the planning work completed to that date, engaged in a visioning process, identified emerging priorities for the LHIN, established Board goals for 2006/07, and identified their immediate learning needs.

Staffing remains a fundamental requirement for the Central West LHIN to proceed with its work. The Central West LHIN has recently begun recruiting activities necessary to fill its staffing needs.

Our Leadership

Joe McReynolds, *Chair*

Terry Miller, *Vice Chair*

Kuldip Kandola, *Secretary*

Mavis Wilson, *Member*

Mintoo Mand, *Member*

Zygmond Novak, *Member*

Anita Gittens, *Member*

Carol Seglins, *Member*

Mimi Lowi-Young, *Chief Executive Officer*

David Colgan, *Senior Director of Planning, Integration & Community Development*

Pat Stoddart, *Senior Director of Performance Contract & Allocation*

6 Action Plan

This section provides detailed information on the specific goals, strategies and action items to address the priority areas described in section 4 within the context of the Ministry's draft Strategic Directions. The action plan includes action steps, timelines and potential outcome measures for each priority area.

The action plan was based on the input the Central West LHIN received from its community partners. It was guided by the five draft Strategic Directions that were provided by the ministry so that the Central West LHIN's IHSP helps to achieve provincial system goals, reflects and advances provincial priorities, and reaffirms the principles that define how LHINs operate. The Central West LHIN's own local priorities are in line with the strategic directions, particularly in terms of the emphasis on access, equity and sustainability. The table below highlights how the Central West LHIN has interpreted and will address the strategic directions at the local level.

6.1 Plan for Addressing the Strategic Directions

Provincial Draft Strategic Direction	Central West LHIN's Strategic Intent
Access and Equity	***To identify opportunities to create an environment that improves access and equity of access in specific client areas.*** The overriding issue highlighted by members of the public and health service provider organizations as most pressing for the Central West LHIN's attention is access, and equity of access. The Central West LHIN will initially focus on eight client service priorities to improve access, and equity of access. An action plan for these priority areas is provided later in this section.
Renewed Community Engagement and Partnership	***To engage the community in establishing a robust community engagement process to ensure meaningful participation by the residents and health service providers of the Central West LHIN.*** Community awareness and community engagement in local health system planning are fundamental to the mandate of LHINs. Many participants in the public "conversations" said that they want to stay connected to the Central West LHIN and indicated they have a vital role to play in local planning. Successful engagement of the public and providers will require creating a sense of identity for the LHIN, bringing stakeholders together in new forums, conducting ongoing outreach to increase the visibility of the LHIN and establishing a formal communication plan that will include developing a multi-year community engagement strategy.
Health Status	***To focus on improving the health status of the population of the Central West with an emphasis on those with the poorest health status.*** The Central West LHIN will support local health service provider organizations (including public health) and the public in improving the overall health status of the population by developing strategies for high need/low access, culturally diverse, geographically isolated, and youth, communities. Health status improvements will be evaluated using the Ontario Local Health Care System Scorecard Indicators and other Measures as required.
Quality	***To establish performance measures specific to the Central West LHIN to evaluate quality of services within the Central West LHIN.*** The Central West LHIN will measure health system performance and facilitate LHIN-based quality improvement initiatives.
Sustainability	***To identify opportunities for new partnerships focused on improving service capacity in the Central West LHIN.*** The Central West LHIN views ministry funding for local health service organizations as a system resource and will work to ensure that any additional resources for the LHIN will be focused on population need. The LHIN will also ensure that it communicates all opportunities for new or enhanced funding to ensure gaps in service are addressed and local access is improved.

The action plan is a "work in progress". Action planning is an ongoing process. The Central West LHIN will continue to listen to the community and to work collaboratively with health service providers. As the Central West LHIN works to develop momentum for local system integration it will be crucial for the Central West LHIN to openly demonstrate its commitment to its vision, principles and values.

It will be important that health service providers work cooperatively, with each other, with the public, and with the Central West LHIN, to create a strong collaborative planning and service provision model based on a "system" perspective, rather than on a single organizational or sector perspective. This will be a continuing expectation of the Central West LHIN.

6.2 Plan for Local and Provincial Priority Areas

Going forward, the Central West LHIN sees its role as:

- Facilitating integration among health service providers to address local issues and priorities to better meet the needs of the residents of the Central West LHIN; and
- Monitoring the performance of health service providers in improving access to, and the quality of, local health services.

Based on the Integration Priority Report, input from the public and health service providers, and the analysis of local data, the Central West LHIN has identified eight priority areas in the initial IHSP.

While all priority areas are clearly important, they were not all identified at the same time and therefore are not at the same level of development. In particular, planning for the three client priorities identified in the Integration Priority Report – mental health and addiction services, palliative / end-of life and seniors services – has advanced more rapidly. However, planning in the other areas has begun.

The table on the pages which follow outlines a preliminary set of action steps, timelines and potential outputs and outcome measures to monitor success for each local and provincial priority area. There are a number of common features among the action steps including building on service integration initiatives that are already in place, developing inventories of existing services, establishing tools to support partnerships, and monitoring outcomes.

The Central West LHIN will take a broad, systems approach to implementing the action plan, including:

- Working with health care organizations from across the health care spectrum, including areas that will not be funded by the LHIN, such as Public Health, physician services, provincial and regional networks, and disease-specific associations
- Linking with neighbouring LHINs on cross-border issues and ensuring that Central West LHIN residents have access to specialized and regional programs
- Recognizing the social determinants of health and the many factors, beyond health services, which influence the health status of our population.

LOCAL PRIORITY AREAS

Priority Area	Action Steps	Timelines: Year 1 (2007/08)	Year 2 (2008/09)	Year 3 (2009/10)	Year 4 (2010/11)	Potential Outputs and Outcome Measures
MATERNAL AND CHILD SERVICES	The Central West LHIN will initiate a cross-sectoral planning session to identify local issues and priorities.					• Defined planning process for maternal and child services • Completed integrated maternal/child services plan • Improving health outcomes for newborns (e.g. reduction in rate of low birth weight babies and infant mortality) • Increasing percentage of Central West mothers receiving perinatal care • Improving access to perinatal care that is culturally appropriate • Improving access to high risk obstetrical services
	In consultation with health service provider organizations and community members, the Central West LHIN will establish an "expert panel" to develop a local integrated maternal/child services plan.					
	With health service providers and community members, facilitate the implementation of local integrated maternal / child services.					
	Document baseline performance; monitor ongoing performance and system change.					
MENTAL HEALTH AND ADDICTION SERVICES	The Central West LHIN will support the establishment of a steering committee of representatives from local providers of mental health and addiction services.					• Completed inventory of services and supports • Completed template and protocol for service agreements • Completed service delivery model • Increasing access to mental and health and addiction services • Reducing hospital readmissions • Improving linkages with other sectors (e.g. mental health resources in Emergency Departments and in family physician offices) • Improving outcomes • Increasing client/family satisfaction
	The steering committee will undertake a comprehensive inventory of mental health and addiction services used by Central West residents, to determine availability and gaps in local and regional resources.					
	The steering committee will develop templates and protocols for service agreements that will define the partnerships among health service provider organizations.					
	The steering committee will develop a local integrated mental health and addiction services plan to develop a responsive, accountable and improved model of mental health and addiction services delivery built on a single "coordinated system of access and case management" encompassing the principle of "no wrong door".					
	Building on provincial initiatives and the local integrated mental health and addiction services plan, the steering committee will examine a common assessment tool for use by local service providers.					
	The steering committee, in partnership with the Central West LHIN, will coordinate the shift from the current state to the new model.					
	Document baseline performance; monitor ongoing performance and system change.					
PALLIATIVE/ END-OF-LIFE CARE	The Central West LHIN will seek approval from the MOHLTC to align a local Palliative/ End-of-Life Network with the Central West LHIN boundaries.					• Establishment of Central West Palliative/End-of-Life Network • Completion of Local Palliative/End-of-Life Plan • Increasing family satisfaction
	Building locally on the MOHLTC and Cancer Care Ontario Provincial Palliative Care Integration Project, develop a local palliative care services integration plan with the preparation of a comprehensive inventory of existing services, common language, common definitions and common assessment and care plan tools.					
	With health service providers and community members, facilitate the implementation of local integrated palliative / end-of-life services plan.					
	Document baseline performance; monitor ongoing performance and system change.					
REHABILITATION	The Central West LHIN will lead the development of a needs assessment of physical rehabilitation services including preparation of a comprehensive inventory of services, identification of gaps and planning for the appropriate mix of rehabilitation services.					• Completed physical rehabilitation needs assessment • Completed hospital and community-based rehabilitation service plan • Improving access to local and regional rehabilitation resources • Reducing ALC days for clients awaiting rehabilitation services • Reducing wait times for community-based rehabilitation services • Increasing client/family satisfaction
	Working in partnership with local health service providers, the Central West LHIN will invite a panel of local health service providers and external experts to establish a local coordinated hospital and community-based physical rehabilitation service plan.					
	With health service providers and community members, facilitate the implementation of local integrated physical rehabilitation plan.					
	Document baseline performance; monitor ongoing performance and system change.					

LOCAL PRIORITY AREAS

Priority Area	Action Steps	Timelines: Year 1 (2007/08)	Year 2 (2008/09)	Year 3 (2009/10)	Year 4 (2010/11)	Potential Outputs and Outcome Measures
RESPONSIVENESS TO CULTURAL DIVERSITY	The Central West LHIN will continue to engage cultural-based or cultural-focused organizations to discuss how to reach and involve diverse communities in the LHIN's activities.					• Completed "strategic diversity plan" • Completed cultural/linguistic health system performance measures • Increasing number of ethno-specific agencies/groups engaged • Increasing proportion of health service organizations offering access to interpretation • Increasing proportion of health service organizations offering services in multiple languages • Increasing client/family satisfaction
	The Central West LHIN will participate in the "Regional Diversity Roundtable" to gather advice on diversity issues and formalize connections to diverse communities.					
	The Central West LHIN will establish a "strategic diversity plan" to complement its Community Engagement Strategy framework. This plan will incorporate guidelines on "best practice" cultural competencies for the Central West LHIN organization.					
	Based on the "strategic diversity plan", the Central West LHIN will incorporate cultural/linguistic measures into its system performance measures.					
	Document baseline performance; monitor ongoing performance and system change.					

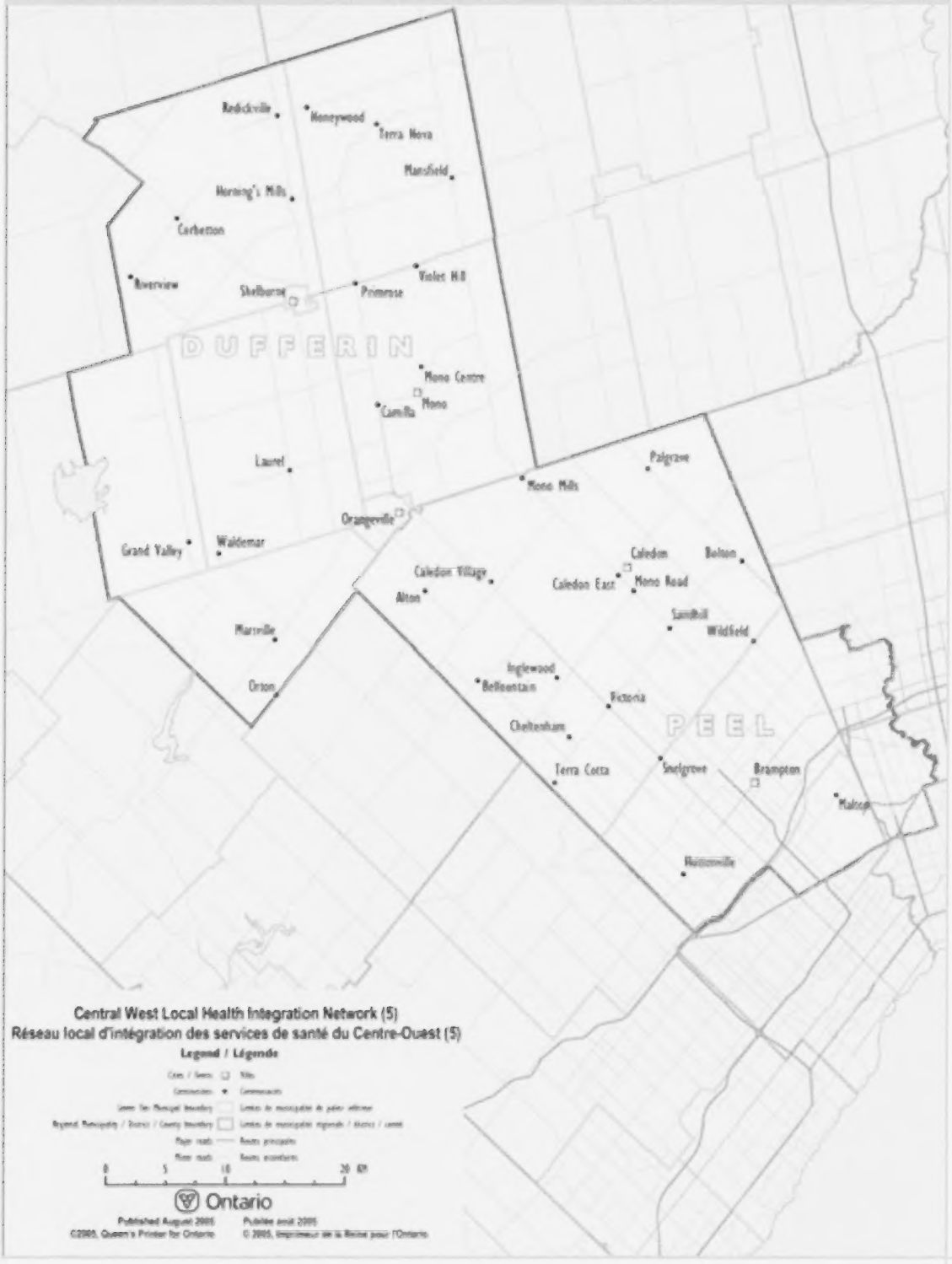
PROVINCIAL FOCUS AREAS

Priority Area	Action Steps	Timelines: Year 1 (2007/08)	Year 2 (2008/09)	Year 3 (2009/10)	Year 4 (2010/11)	Potential Outputs and Outcome Measures
FRENCH LANGUAGE SERVICES	The Central West LHIN will continue meeting with members of the local francophone community to discuss issues specific to the Central West LHIN.					• Completed plan to address francophone issues and priorities • Increasing number of francophone groups and community members engaged • Increasing proportion of health service organizations offering French language services • Increasing client/family satisfaction
	The Central West LHIN will continue to work in cooperation with the LHINs of the GTA to determine the action required to address the issues and priorities involved in providing health services to the francophone community.					
	The Central West LHIN will continue working with the ministry's Regional Consultant - French Language Health Services to identify the best ways to engage this community to determine its issues and priorities.					
	The Central West LHIN will work with health service provider organizations, the local francophone community and the ministry to determine and address local issues and priorities.					
	Document baseline performance; monitor ongoing performance and system change.					
ABORIGINAL HEALTH	The Central West LHIN will work with provincial and GTA groups to develop and implement a strategy for identification and engagement of local Aboriginal leaders and community members.					• Completed strategy for Aboriginal community engagement • Completed framework for addressing Aboriginal health needs • Increasing number of Aboriginal groups and community members engaged • Increasing proportion of health service organizations offering access to services for the Aboriginal community • Increasing client/family satisfaction
	Working with community partners, the Central West LHIN will develop a framework for addressing the health needs of aboriginal communities that is consistent with the work of the Aboriginal and First Nations Health, provincial Aboriginal Wellness Strategy and provincial Aboriginal Diabetes Strategy.					
	Document baseline performance; monitor ongoing performance and system change.					
e-HEALTH	Complete e-Health Strategic Plan.					• Completed e-Health Strategic Plan • Improving flow of health information across health service provider organizations • Increasing information sharing • Reduction in patient repetition of information to different health service providers • Increasing client/family satisfaction
	Implement e-Health Strategic Plan in partnership with local health service provider organizations.					
	Document baseline performance; monitor ongoing performance and system change.					

PROVINCIAL FOCUS AREAS

Priority Area	Action Steps	Timelines: Year 1 (2007/08)	Year 2 (2008/09)	Year 3 (2009/10)	Year 4 (2010/11)	Potential Outputs and Outcome Measures
WAIT TIMES	The Central West LHIN will continue to meet with local hospital and CCAC representatives to examine opportunities to improve efficiencies and capacities to increase local access to and the availability of services in the five key areas identified by the ministry. Planning has begun, and a proposal has been developed jointly by the hospitals and CCACs, and supported by the MOHLTC, to assist local partners to work together to improve local performance.					• Reduced wait times for 5 priority areas • Increasing number of joint initiatives to address wait time issues • Increasing client/family satisfaction
	The Central West LHIN will continue to support planning and innovative initiatives by local partners to improve local performance.					
	Document baseline performance; monitor ongoing performance and system change.					
HEALTH HUMAN RESOURCES	The Central West LHIN will continue to meet with local groups involved in health human resource planning including the Greater Dufferin Area Physician Search Committee and participants in the Town of Caledon's physician recruitment initiative.					• Establishment of the Health Professionals Advisory Committee; • Completion of a Health Human Resources Plan • Increasing number of health care professional per capita basis in line with provincial averages and other LHINs • Increasing proportion of Central West residents who have a family physician in the Central West • Increasing client/family satisfaction with access to health care professionals
	The Central West LHIN will establish the Health Professionals Advisory Committee.					
	The Central West LHIN will continue to work with local partners to develop an overall health human resources plan for the LHIN with the objective to address improvements in local access for the local population.					
	Document baseline performance; monitor ongoing performance and system change.					
CRITICAL CARE	The Central West Critical Care Lead will continue working closely with LHIN staff to help implement the province's plan to improve access to critical care services and develop plans on the best use of critical care resources in the area.					• Completion of Critical Care Plan including an inventory of existing resources; • Completion of review and integration of hospital emergency/ pandemic plans; • Increasing number of formal partnerships and transfer protocols with hospitals outside the LHIN • Increasing client/family satisfaction
	The Central West Critical Care Lead will facilitate completion of a local services inventory of critical care resources.					
	The Central West Critical Care Lead will facilitate the development of partnerships with hospitals outside the LHIN that provide services not currently offered in Central West. These partnerships will be formalized and appropriate transfer protocols negotiated.					
	The Central West Critical Care Lead will work with both hospitals within the LHIN to ensure that current emergency/pandemic plans are reviewed and integrated at the LHIN level. This will serve as a basis for surge planning at the LHIN level.					
	The Central West Lead will continue working with the ministry staff and other Critical Care Leads to provide advice to the government on critical care issues.					
	Document baseline performance; monitor ongoing performance and system change.					
BACK OFFICE INTEGRATION	Building on the results of the Health Service Organization Survey, the Central West LHIN will continue to work with health service organizations and groups such as Shared Services West and Metamorphosis to identify shorter term opportunities.					• Identification of back office opportunities • Increasing number of joint initiatives for sharing of back office services • Improving efficiency in the provision of back office services
	Document baseline performance; monitor ongoing performance and system change.					

Cenral West LHIN Boundaries



6.3 Summary

This Integrated Health Service Plan is intended to communicate the needs, issues, and opportunities in the Central West LHIN to the public, to health service providers, and to the Minister of Health and Long-Term Care.

The main message arising from the planning process is that there will be significant challenges in meeting the current and future needs of the population of the central West LHIN.

For the Central West LHIN, integration and capacity-building must go hand-in-hand to achieve equitable access to high quality health care services.

The action plan outlines a set of steps to start the process of achieving this goal by focusing health services on the client, by engaging the public and health service providers in identifying and addressing local priorities, by taking action on provincial initiatives, and by taking a system perspective to ensuring the integration of services to better meet the needs of the residents of the Central West LHIN.

In the coming months, the Central West LHIN will work closely with service providers and community members to carry out the action plans for the priority areas.

In keeping with the Central West LHIN's commitment to transparency, the community will be kept informed of the progress of the action plan, and opportunities to be involved in LHIN activities.

The Central West LHIN believes that this initial Integrated Health Service Plan provides the framework for planning, building, and sustaining an accessible, high-quality, client-focused, and responsive local health care system.

Central West
LOCAL HEALTH INTEGRATION NETWORK

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